

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby amends Chapter 21, “Physician Supervision of a Physician Assistant,” Iowa Administrative Code.

The purpose of Chapter 21 is to establish eligibility requirements and supervisory requirements for medical physicians and surgeons and osteopathic physicians and surgeons who supervise physician assistants.

The adopted rule, 653—21.4(147,148,148C,272C,86GA,SF505), implements 2015 Iowa Acts, Senate File 505, division XXXI, section 113, which directs the Board of Medicine and the Board of Physician Assistants to jointly adopt rules pursuant to Iowa Code chapter 17A to establish specific minimum standards or a definition of supervision for appropriate supervision of physician assistants by physicians. The Boards were to jointly file Notices of Intended Action pursuant to Iowa Code section 17A.4(1)“a” on or before February 1, 2016, for adoption of such rules.

The Board of Medicine approved a Notice of Intended Action to adopt rule 653—21.4(147,148,148C,86GA,SF505), during a regularly scheduled meeting on December 10, 2015. A similar Notice of Intended Action to adopt rule 645—327.8(147,148,148C,86GA,SF505) was approved by the Board of Physician Assistants on January 20, 2016.

Notice of Intended Action by the Board of Medicine was published in the January 10, 2016, Iowa Administrative Bulletin as **ARC 2372C**. A public hearing on **ARC 2372C** was held on February 12, 2016, and a public hearing on Board of Physician Assistants’ **ARC 2417C** was held on March 9, 2016. Subcommittees of the Boards of Medicine and Physician Assistants met on April 8, 2016, to consider possible changes in the Notices in response to public comments. At the conclusion of the subcommittee meetings on April 8, 2016, both subcommittees accepted the following list of changes made to the proposed amendments and agreed to present the revised Notices to their respective boards for adoption:

1. The definitions of “remote medical site” and “supervision” were added in a new subrule 21.4(1), and proposed subrules 21.4(1) to 21.4(3) were renumbered as 21.4(2) to 21.4(4) and are cited as such below.

2. Paragraph 21.4(2)“b” was revised to clarify that at least one supervising physician shall meet face-to-face with each physician assistant twice annually. If the physician assistant is practicing in a remote medical site, then both meetings shall be at the remote site.

3. Paragraph 21.4(2)“c” was revised to clarify that the requirement is expected of each supervising physician and each physician assistant.

4. Paragraph 21.4(2)“d” was revised to clarify that the requirement is expected of each supervising physician and each physician assistant.

5. Paragraph 21.4(2)“e” was revised to clarify that each supervising physician shall conduct and document an ongoing review of a representative sample of the physician assistant’s patient charts encompassing the scope of the physician assistant’s practice provided under the physician’s supervision and discuss the findings of the reviews with the physician assistant.

6. Paragraphs “g” to “j” were relettered as “f” to “i” because Noticed paragraph “f” was not adopted.

7. Paragraph 21.4(2)“h” was clarified to require that if the physician assistant’s supervising physician is not available to provide supervision, then the supervising physician must ensure that an alternate supervising physician is available and that the physician assistant is notified of the means by which to reach the alternate supervising physician.

8. Subrule 21.4(4) was revised to permit a waiver or variance of the rule, provided the waiver or variance is approved by both the Board of Medicine and the Board of Physician Assistants.

The Board of Medicine on April 15, 2016, voted to adopt and file the proposed amendments with the aforementioned changes from the original Notice.

After review and analysis of this rule making, no negative impact on private sector jobs and employment opportunities within the state of Iowa has been found. The joint rule making expresses existing definitions and existing physician assistant supervisory requirements found in the Iowa Code and Iowa Administrative Code. The joint rule making places these existing requirements under joint control by both the Board of Medicine and the Board of Physician Assistants.

These amendments are intended to implement Iowa Code chapters 147, 148, 148C and 272C and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

These amendments will become effective June 15, 2016.

The following amendments are adopted.

ITEM 1. Renumber rules **653—21.4(148,272C)** to **653—21.7(17A,147,148,272C)** as **653—21.5(148,272C)** to **653—21.8(17A,147,148,272C)**.

ITEM 2. Adopt the following new rule 653—21.4(147,148,148C,272C,86GA,SF505):

653—21.4(147,148,148C,272C,86GA,SF505) Specific minimum standards for appropriate supervision of a physician assistant by a physician. This rule establishing the minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa is hereby jointly adopted by the board of medicine and the board of physician assistants in accordance with 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

21.4(1) Definitions.

“*Remote medical site*” means a medical clinic for ambulatory patients which is away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the remote medical site is open. “Remote medical site” will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility).

“*Supervision*” means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the physician assistant or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the physical presence of the supervising physician at the place where such services are rendered except insofar as the physical presence is expressly required by these rules or by Iowa Code chapter 148C.

21.4(2) Minimum standards. The following are minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa:

a. Review of requirements. Before a physician can supervise a physician assistant practicing in Iowa, both the supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13, Iowa Code chapter 148C, this chapter, and 645—Chapters 326, 327, 328 and 329.

b. Face-to-face meetings. At least one supervising physician shall meet face-to-face with each physician assistant a minimum of twice annually. If the physician assistant is practicing at a remote site, both meetings shall be at the remote site. Each party shall ensure that the face-to-face meetings are documented. The meetings are for the purpose of discussing topics deemed appropriate by the physician or the physician assistant, including supervision requirements, assessment of education, training, skills, and experience, review of delegated services, and medical services provided by the physician assistant.

c. Assessment of education, training, skills, and experience. Each supervising physician and the physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team.

d. Communication. Each supervising physician and the physician assistant shall communicate and consult on medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient.

e. Chart reviews. Each supervising physician shall conduct and document an ongoing review of a representative sample of the physician assistant’s patient charts encompassing the scope of the physician

assistant's practice provided under the physician's supervision and discuss the findings of the reviews with the physician assistant.

f. Delegated services. The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience to perform the delegated services prior to delegation.

g. Timely consultation. The supervising physician shall be available for timely consultation with the physician assistant, either in-person or by telephonic or other electronic means.

h. Alternate supervision. If the supervising physician will not be available for any reason, an alternate supervising physician will be available to ensure continuity of supervision. The physician will ensure the alternate supervising physician is available for a timely consult and will ensure the physician assistant is notified of the means by which to reach the alternate supervising physician. The physician assistant shall not practice if supervision is not available.

i. Failure to supervise. Failure to adequately direct and supervise a physician assistant or failure to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code chapter 148C, Iowa Code section 148.13, and 645—Chapters 326, 327, 328 and 329 may be grounds for disciplinary action for both the physician and the physician assistant.

21.4(3) Amendment. Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be amended by agreement of the board of medicine and the board of physician assistants through a joint rule-making process. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

21.4(4) Joint waiver or variance. Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be waived upon approval by both the board of medicine and the board of physician assistants pursuant to 653—Chapter 3 and 645—Chapter 18, Iowa Code section 17A.9A, or any other provision of law. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

ITEM 3. Amend **653—Chapter 21**, implementation sentence, as follows:

These rules are intended to implement Iowa Code sections 148.13 and 272C.3 and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

[Filed 4/21/16, effective 6/15/16]

[Published 5/11/16]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/11/16.